OMB 3067-0077 Expires: Feb. 1987

ZIP)/502



TITLE DWNER

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

BUILDING OWNER'S CONSTRUCTION P.O. BOX 1488 MEDICORD CR. 275								97501		
NAME ADDRESS										
332 JOBERY, STOWERERK #3 PLANE "> BIK#11 Lot #6 CONTROL POINT, OR 9750										
PROPERTY LOCATION (Lot and Block numbers and address if available)										
					•	•				
I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. code, Section 1001.										
SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)										
сом	MUNITY NO	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR	BASE FLOOD ELEV. (In AO Zone, use depth)	BUILDING IS		
410092		0001	C	1-19-82	A8	5/90	1286	New/Emergency U Pro-FIRM Reg. U Post-FIRM Reg		
YES	It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation offt, NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.									
YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means. If NO is checked, attach copy of variance issued by the community.										
YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.										
N	MOBILE I	HOME MAKE		MODEL		F MANUFACTUE			MENSIONS X	
(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)										
NAM	,,	RRERT	1 -	ARBR		ADDRESS P	2 Box 52	86		

STATE



City of Central Point

Construction Fermit and Receipt

Application # A

Date Issued 0

Issued By O

Permit # 90-044

Valuation

\$91,528.44

Date Issued 02/01/90

Issued By cg

Permit Description

SINGLE FAMILY RESIDENCE WITH ATTACHED GARAGE

Address 332 JOSEPH

Located In Quad SW

Range 372W Map Page NA Tax Lot 0

Lot 6

Block 11 Subdv. STONECREEK 3, PHASE 2

Owner's Name BOB LEONARDINI

Phone 503-664-4332

Contractor's Name GARY WHITTLE

Phone 503-772-9764

Total All Fee's

y day was sine y

\$1,817.55

, an authorized representative of GARN WHITTLE (name of company), do hereby agree by my signature below to assure/that I and all subcontractors under my direction and working on the above project shall have a valid City Business License, State Builders License and hereby agree to forfeit all fines and penalties for failure of same. I further agree to comply with the above-described plans and specifications as herewith approved by the City of Central Point and also with all rules, regulations, ordinances, and resolutions pertaining to construction within The City of Central Point.

Public Works Director's Signature

Building Official's Signature

PERMITS BECOME VOID IF WORK IS NOT COMMENCED WITHIN, OR IS SUSPENDED, FOR A PERIOD OF 180 DAYS SEPARATE PERMITS REQUIRED FOR PLUMBING AND ELECTRICAL WORK.

SEPARATE PUBLIC WORKS PERMITS REQUIRED FOR CONSTRUCTION WITHIN RIGHTS OF WAY AND/OR EASEMENT DEVIATIONS FROM APPROVED PLANS MUST BE SUBMITTED FOR REVIEW & APPROVACE